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407-736-6440

NO. 8685 P. 3

**MAR 04 2008**

PTO/SB/17 (10-07)

Approved for use through 06/30/2010. OMB 0651-0032  
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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**Effective on 12/08/2004.  
Fees pursuant to the Consolidated Appropriations Act, 2006 (H.R. 4818).**

**FEE TRANSMITTAL  
For FY 2008**

Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT (\$)** **-180.00-**

**Complete If Known**

Application Number	10/537,905
Filing Date	05/30/2006
First Named Inventor	Torsten WAHLER
Examiner Name	Roger L. PANG
Art Unit	3681
Attorney Docket No.	2002P18790WOUS

**METHOD OF PAYMENT (check all that apply)**

Check  Credit Card  Money Order  None  Other (please identify): \_\_\_\_\_

Deposit Account Deposit Account Number: 502464 Deposit Account Name: Siemens Schweiz AG

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee  
 Charge any additional fee(s) or underpayments of fee(s)  Credit any overpayments  
under 37 CFR 1.16 and 1.17

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**FEE CALCULATION**

**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		<u>Fee Paid (\$)</u>
	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	
Utility	310	155	510	255	210	105	_____
Design	210	105	100	50	130	65	_____
Plant	210	105	310	155	160	80	_____
Reissue	310	155	510	255	620	310	_____
Provisional	210	105	0	0	0	0	_____

**2. EXCESS CLAIM FEES**

**Fee Description**

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>		
	- 20 or HP =	x	=	<u>Fee (\$)</u>	<u>Fee (\$)</u>	
				50	25	
				210	105	
				370	185	

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
	- 100 =	/ 50 =	(round up to a whole number) x	
				<u>Fee Paid (\$)</u>

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): \$180.00 for submission of IDS (37 CFR 1.97 and 1.17(p))

-180.00-

**SUBMITTED BY**

<u>Signature</u>		<u>Registration No.</u> (Attorney/Agent) 44,961	Telephone 407 736 6449
<u>Name (Print/Type)</u>	John P. Musone		Date March 4, 2008

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MAR 04 2008

**SIEMENS**

**FACSIMILE COVER SHEET**

In the UNITED STATES PATENT AND TRADEMARK OFFICE

First Named Inventor: **Torsten WAHLER**

Application No. 10/537,905

Attorney Docket No. 2002P16790W0US

Filed: 05/30/2006

Title: **GEARING**

Examiner: **Roger L. PANG**

Art Unit: 3681

**FACSIMILE ATTN TO EXAMINER: Roger L. PANG FAX NO.: 571-273-8300**

**AMENDMENT**

**AND**

**INFORMATION DISCLOSURE STATEMENT**

Commissioner for Patents

P.O. Box 1450

Alexandria VA 22313-1450

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March 4, 2008

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PTO/SB/21 Transmittal Form (1 pg.)

PTO/SB/17 Fee Transmittal (1 pg.)

Amendment (5 pgs.)

Information Disclosure Statement (2 pgs.)

Information Disclosure Statement by Applicant (2 pgs.)

Number of pages being transmitted (including this cover sheet): 12 pgs.

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Legal and Intellectual Property  
Department

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Tel: 407-736-2472  
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PTO/SB/21 (10-07)

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**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

11

Application Number	10/537,905
Filing Date	05/30/2008
First Named Inventor	Torsten WAHLER
Art Unit	3881
Examiner Name	Roger L. PANG
Attorney Docket Number	2002P16790WOUS

**ENCLOSURES (Check all that apply)**

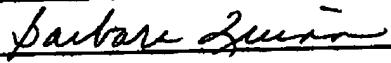
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached  <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input checked="" type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.62 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name	SIEMENS		
Signature			
Printed name	John P. Musone		
Date	March 4, 2008	Reg. No.	44,961

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Signature			
Typed or printed name	Barbara Quinn	Date	March 4, 2008

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